

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

6

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

MISS

FIRST

VIVIAN

MI

f

NICKNAME

LAST

ROJAS

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date of Filing

Receipt #

Amount

Date Processed

Date Imaged

CITY CLERK DEPT.
05 JAN 14 PM 4:56

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. BOX 27015, EL PASO, TX 79926

☒ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 820-3247

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

VIVIAN

MI

NICKNAME

LAST

ROJAS

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7861 JERSEY ST., EL PASO, TX 79915

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 820-3247

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign treasurer appointment (officeholder only)



July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

07/01/2004

THROUGH

Month

Day

Year

12/31/2004

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

DISTRICT #7
CITY COUNCIL REPRESENTATIVE

13 OFFICE SOUGHT (if known)

N/A

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

VIVIAN ROJAS

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pagesCITY CLERK DEPT.
05 JAN 14 PM 4:5618 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

2,655.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

342.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

2,357.83

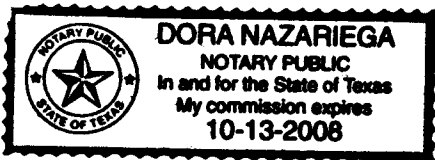
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Vivian Rojas
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Vivian Rojas, this the 14th day of January, 20 05, to certify which, witness my hand and seal of office.

Dora Nazariega
Signature of officer administering oath

Dora Nazariega
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/15/04

5 Full name of contributor

☐ out-of-state PAC (ID#:

JORGE A. VALENZUELA

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

233 PENNSYLVANIA, EL PASO, TX 7903

9 Principal occupation / Job title (See Instructions)

PAVING CONTRACTOR

10 Employer (See Instructions)

SELF-EMPLOYED

Date

12/15/04

Full name of contributor

☐ out-of-state PAC (ID#:

RITA P. SARINANA

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7832 PARRAL DR., EL PASO, TX 79915

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/04

Full name of contributor

☐ out-of-state PAC (ID#:

HAROLD W. HAHN

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2244 TRAWOOD, SUITE 100,
EL PASO, TX 79935

Principal occupation / Job title (See Instructions)

PRESIDENT OF MORTGAGE COMPANY

Employer (See Instructions)

ROCKY MOUNTAIN MORTGAGE

Date

12/15/04

Full name of contributor

☐ out-of-state PAC (ID#:

CARLOS AGUILAR III

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3418 PERSHING DR., EL PASO, TX 79903

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/04

Full name of contributor

☐ out-of-state PAC (ID#:

MARY FRANCIS KIESLING

Amount of contribution (\$)

85.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5701 VISTALINA, EL PASO, TX 79932

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/15/04

5 Full name of contributor

☐ out-of-state PAC (ID#:

EUGENIO MESTA

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

721 GARY LANE, EL PASO, TX
79922

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/15/04

Full name of contributor

☐ out-of-state PAC (ID#:

SONIA GONZALEZ

Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

12169 CRYSTAL GATE, EL PASO, TX
79936

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/04

Full name of contributor

☐ out-of-state PAC (ID#:

LINDSAY HOLT

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4737 OSBORNE, EL PASO, TX, 79913

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/04

Full name of contributor

☐ out-of-state PAC (ID#:

RICARDO GUTIERREZ

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

352 DOLAN ST., EL PASO, TX 79905

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

SELF-EMPLOYED

Date

12/15/04

Full name of contributor

☐ out-of-state PAC (ID#:

GARY PORRAS

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4606 MEMPHIS, EL PASO, TX 79903

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

SELF-EMPLOYED

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)**4** Date

7/12/04

5 Payee name

VOLAR CIL

7 Amount (\$)200.⁰⁰**6** Payee address; City; State; Zip Code8929 VISCONT, EL PASO, TX, 79925
STE. 101**8** Purpose of payment (See instructions regarding type of information required.)Disabilities Conference and
Service Provider's Expo Advertisement**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

12/31/04

Payee name

VIVIAN ROJAS

Amount (\$)

142.⁰⁰

Payee address; City; State; Zip Code

7861 JERSEY ST, EL PASO, TX, 79915

Purpose of payment (See instructions regarding type of information required.)

Reimburse Political Expenses
from Personal Funds

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/01/04

5 Payee name

YAW (Youth Appreciation Week)

6 Payee address;

City; State; Zip Code

OPTIMIST INTL. CLUB, EL PASO, TX

8

Amount
(\$)

62.00

7 Purpose of expenditure (See instructions regarding type of information required.)

YOUTH APPRECIATION WEEK-AD

Reimbursement
from political
contributions
intended

Date

11/05/04

Payee name

EL PASO Public Library Association

Payee address;

City; State; Zip Code

501 N. OREGON, EL PASO, TX, 79901

Amount
(\$)

50.00

Purpose of expenditure (See instructions regarding type of information required.)

LIBRARY FUNDRAISER

Reimbursement
from political
contributions
intended

Date

11/11/04

Payee name

RITA SARINANA

Payee address;

City; State; Zip Code

7832 PARRAL, EL PASO, TX, 79915

Amount
(\$)

30.00

Purpose of expenditure (See instructions regarding type of information required.)

PAY FOR 2 TICKETS TO LULAC FUNCTION
AND ONE ADVERTISEMENT FOR VFW EVENTReimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City; State; Zip Code

Amount
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City; State; Zip Code

Amount
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED